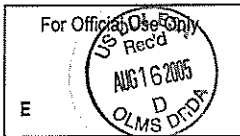


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 18131 18130	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kevin P Stringer P.O. Box, Bldg., Room No., if any Street 7154 Columbia Gateway Drive City Columbia State Maryland ZIP Code + 4 21046	4. Name, file number, and address of labor organization. Name International Union of Elevator Constructors Labor Organization File Number 000-197 P.O. Box, Building and Room Number, if any Street 7154 Columbia Gateway Drive City Columbia State Maryland ZIP Code + 4 21046
5. Position in labor organization. General Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin P Stringer

On

8-12-05

Date

410-953-6150

Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. \$473

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4 19073-3288

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR BOARD OF TRUSTEES MEETING
EXPENSES: 2/17/04 - 2/24/04; 5/11/04 - 5/13/04;
5/17/04 - 5/18/04; 9/8/04 - 9/10/04; 10/18/04 -
10/19/04; 11/27/04 - 12/1/04; 12/7/04 - 12/9/04

12.b. Amount.

\$10,405

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ELEVATOR CONSTRUCTORS ANNUITY & 401(k) PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania ZIP Code + 4 19073-3288

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR BOARD OF TRUSTEES MEETING
EXPENSES: 2/25/04; 11/22/04

12.b. Amount.

\$848

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE UNION LABOR LIFE INSURANCE COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 EAST GATE DRIVE, #115

City MT. LAUREL

State New Jersey

ZIP Code + 4 08054

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LABOR ORGANIZATION PURCHASED INSURANCE FROM THIS BUSINESS IN THE AMOUNT OF \$250. LABOR ORGANIZATION HAS INVESTMENT IN THIS BUSINESS (4,607 SHARES ULICO SER. "A" CONVERTIBLE NEW PREFERRED STOCK) WITH A COST OF \$460,700.

11.b. Approximate dollar value of such dealing.

\$460,950

12.a. Nature of interest held or income received.

DINNER - 12/08/04
DINNER - 12/28/04
FOOTBALL GAME - 12/28/04

12.b. Amount.

\$362

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOMBARD ODIER DARIER HENTSCH

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12 EAST 49th STREET

City NEW YORK

State New York ZIP Code + 4 10017

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$359,005

12.a. Nature of interest held or income received.

GOLF - 07/01/04

12.b. Amount.

\$145

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O'DONOGHUE & O'DONOGHUE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4748 WISCONSIN AVENUE, N.W.

City WASHINGTON

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LEGAL COUNSEL

11.b. Approximate dollar value of such dealing.

\$497,126

12.a. Nature of interest held or income received.

DINNER - 01/15/04; DINNER - 07/04/04; GOLF
09/05/04; DINNER - 11/04/04

12.b. Amount.

\$332

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KELLY PRESS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 CABIN BRANCH DRIVE

City CHEVERLY

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PRINTING AND RELATED SERVICES

11.b. Approximate dollar value of such dealing.

\$590,165

12.a. Nature of interest held or income received.

GOLF - 02/17/04; DINNER - 04/22/04; DINNER - 04/23/04; GOLF - 08/06/04; CHRISTMAS HAM

12.b. Amount.

\$565

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE CLIFTON GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 309 CLIFTON AVE.

City MINNEAPOLIS

State Minnesota

ZIP Code + 4 55403

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$158,312

12.a. Nature of interest held or income received.

GOLF - 06/16/04

12.b. Amount.

\$145

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name FIFTH THIRD BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 707 GRANT STREET, SUITE 200

City PITTSBURGH

State Pennsylvania

ZIP Code + 4

15219

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4

19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$161,223

12.a. Nature of interest held or income received.

GOLF - 03/02/04, 03/20/04, 04/16/04, 04/21/04,
05/14/04, 05/30/04, 07/13/04, 08/19/04

12.b. Amount.

\$540

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DEPRINCE, RACE & ZOLLO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 SOUTH ORANGE AVE, SUITE 850

City ORLANDO

State Florida ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$1,195,902

12.a. Nature of interest held or income received.

GOLF - 04/05/04 - 04/07/04, 08/31/04; ROOM
ACCOMMODATION - 04/05/04 - 04/06/04; DINNERS -
04/05/04, 04/06/04, 11/27/04

12.b. Amount.

\$713

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LORD ABBETT & CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 90 HUDSON STREET

City JERSEY CITY

State New Jersey

ZIP Code + 4 07302-3973

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4 19073-3288

11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$478,640

12.a. Nature of interest held or income received.

DINNER - LABOR OF LOVE FUND RAISER - 03/04/04

12.b. Amount.

\$73

Name of Person Filing KEVIN STRINGER

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name CHARTWELL INVESTMENT PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1235 WESTLAKES DRIVE, SUITE 330

City BERWYN

State Pennsylvania ZIP Code + 4 19312

14.a. Nature of payment.

GOLF - 07/07/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$112

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name DEARBORN PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WEST MADISON, SUITE 1950

City CHICAGO

State Illinois ZIP Code + 4 60606

14.a. Nature of payment.

GOLF - 08/04/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing KEVIN STRINGER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 116 HUNTINGTON AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02116-5744

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ACTUARIAL AND CONSULTING SERVICES

11.b. Approximate dollar value of such dealing.

\$35,067

12.a. Nature of interest held or income received.

DINNER - 03/06/04; GOLF - 06/05/04

12.b. Amount.

\$144

LM-30 Attachment

Kevin Stringer
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Item
Number

- 8, 9 The following businesses reported in B8,
11b Kelly Press
 O'Donoghue & O'Donoghue
 Ullico
 The Segal Company,

provided services to the labor organization and also provided services to other entities, including trusts in which the labor organization is interested. The DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer. Accordingly, the amounts reported in 11b relate only to the services provided to the labor organization and do not include amounts related to dealing with trusts or employers.

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.